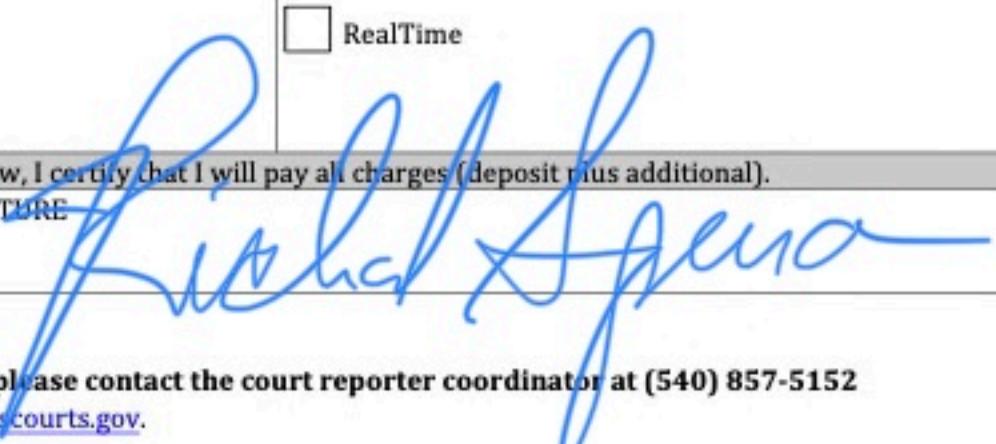


AO435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY
<b>TRANSCRIPT ORDER FORM</b>				DUE DATE:
<i>Please Read Instructions on Page 2.</i>				
<b>1. REQUESTOR'S INFORMATION:</b>		NAME Richard Bertrand Spencer	TELEPHONE NUMBER 406-314-8009	
DATE OF REQUEST December 16, 2021		EMAIL ADDRESS ( <i>Transcript will be emailed to this address.</i> ) richardbspencer@icloud.com		
MAILING ADDRESS 734 Clearwater Dr.			CITY, STATE, ZIP CODE Whitefish MT 59937	
<b>2. TRANSCRIPT REQUESTED:</b>		NAME OF COURT REPORTER Lisa Blaire  OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR		
CASE NUMBER 3:17-cv-00072-NKM-JCH		CASE NAME Sines vs. Kessler	JUDGE'S NAME Moon	
DATE(S) OF PROCEEDING(S) Oct 25 - Nov. 23, 2021		TYPE OF PROCEEDING(S) Civil trial	LOCATION OF PROCEEDING Charlottesville, Virginia	
REQUEST IS FOR: (Select one)		<input checked="" type="checkbox"/> FULL PROCEEDING	OR	<input type="checkbox"/> SPECIFIC PORTION(S) ( <i>Must specify below</i> )
SPECIFIC PORTION(S) REQUESTED ( <i>If applicable</i> ):				
<b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b> (See Page 2 for descriptions of each service turnaround category.)				
<input type="checkbox"/> Ordinary (30-Day) <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited (7-Day) <input checked="" type="checkbox"/> 3-Day		<input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> RealTime		
<b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).				
DATE December 22, 2021	SIGNATURE 			

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

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**NOTE:** Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.